

# Brief Encounters

Budding

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## ONCE MORE ON CHINA

During the past 20 years China has been transformed by capitalism. Over the next 20 years China will transform the world. This is widely recognised by politicians and economists, and should also be recognised in relation to STI and HIV. This year we have included a number of articles on China (Hesketh T, *et al.* Attitudes to HIV and HIV testing in high prevalence areas of China: informing the introduction of voluntary counselling and testing programmes. *Sex Transm Infect* 2005;**81**:108-12; Lau JTF, Tsui HY. Discriminatory attitudes towards people living with HIV/AIDS and associated factors: a population

based study in the Chinese general population *Sex Transm Infect* 2005;**81**:113-19; Wang DB, Zhang XJ, Zhang HB, Zhang CY, Su B. A rapid assessment of community-wide HIV/STI intervention in China. *Sex Trans. Infect* 2005;**81**:47-52) and this issue contains a further two. Qian and colleagues describe how the HIV epidemic in China has been mainly concentrated in drug users and recipients of plasma donation, but this is set to change. They suggest that a flourishing sex industry, migration, and low levels of condom use and prevention initiatives will contribute to a more widespread epidemic. One challenge is to tackle intolerance towards people with HIV infection. Liu and colleagues report a cross sectional survey of HIV-related stigmatising beliefs of 2153 migrants in Beijing and Nanjing. Having stigmatising beliefs appeared to be a barrier to HIV-related preventive practices. They report a cross sectional survey of HIV-related stigmatising beliefs of 2153 migrants in Beijing and Nanjing. Having stigmatising beliefs appeared to be a barrier to HIV-related preventive practices.

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## PAYING FOR SEX

We carry many articles on the characteristics of women sex workers, but far less is reported about the men who pay these women. An analysis of two representative surveys of UK adults shows that the proportion of men who reported paying women for sex in the previous 5 years doubled from 2.0% in 1990 to 4.2% in 2000. It seems that men in their late 20s and early 30s, who had never been married and who lived in London were the most likely to pay for sex. They reported higher rates of STI, but only 15% reported a previous HIV test, suggesting a need for prevention interventions for clients as well as sex workers.

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## SYNERGY OR COINCIDENCE?

A new surveillance method in Germany has enabled a more detailed assessment of the overlap between the epidemics of syphilis and HIV seen in men who have sex with men. Both infections have increased in recent years, and the authors found considerable overlap between the two infections. They are cautious about inferring a causal relationship or synergy with syphilis increasing HIV transmission, and suggest that they may be witnessing an epidemiological coincidence of the two.

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## SYPHILIS –STILL A PROBLEM (IN THE TROPICS)

Syphilis continues to be a major problem in the tropics causing anogenital ulcers and systemic manifestations. Goh recommends that primary syphilis is treated using management algorithms suited to local health resources and highlights the continuing need for a rapid on-site test for syphilis to facilitate rapid treatment and partner notification. Goh further highlights the need for a simple and effective oral regimen for treatment and suggests azithromycin should be evaluated further.

See p 448



Condylomata lata of vulva, see page 449 in a review of syphilis from the Tropical Medicine series.